

# PART B - FEE(S) TRANSMITTAL

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23914 7590 07/01/2003

STEPHEN B. DAVIS  
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Samuel J. DuBoff	(Depositor's name)
<i>Samuel J. DuBoff</i>	(Signature)
August 18, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/994,012	11/16/2001	Kuo-Long Yu	CT-2645 NP	9041

TITLE OF INVENTION: HETEROCYCLIC SUBSTITUTED 2-METHYL-BENZIMIDAZOLE ANTIVIRAL AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDERSON, REBECCA L	1626	514-312000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Samuel J. DuBoff  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bristol-Myers Squibb Company Princeton, New Jersey 08543-4000

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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(Authorized Signature) *Samuel J. DuBoff* (Date) 8/18/03

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